



Steps for Requesting Additional Retirement Service Credit

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Section 1

Fill in your name, Social Security number or CalPERS ID, former name (if applicable), daytime phone, mailing address and employer.

If we have provided cost information to you in the past for this type of service credit purchase, check the "Yes" box and indicate the date your request was submitted.

If you have submitted a retirement application, check the "Yes" box and indicate your planned retirement date.

If you are a member of a public retirement system in California other than CalPERS, check the "Yes" box and write in the name of the system.

Section 2

In order for us to consider your request complete, you must attach to it a copy of your completed online service credit purchase estimate. Visit our website at www.calpers.ca.gov to access the Service Credit Cost Estimator. If you are unable to attach a copy of your estimate, please explain why not.

Based on your service credit purchase estimate, indicate the amount of Additional Retirement Service Credit you intend to purchase. Check only one box.

Section 3

Sign and date Section 3 "Certification." Make a copy for your records and mail the request form, along with your service credit purchase estimate, to the address shown on the form.



Request for Service Credit Cost Information— Additional Retirement Service Credit

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Name (First Name, Last Name, Middle Initial)

Social Security Number or CalPERS ID

Section 1

About You

Please include
your full first and
last name, followed
by your middle initial.

Former Name (if applicable) () Daytime Phone

Mailing Address

City State ZIP Code Current Employer

Have you requested this cost information before? ☐ No ☐ Yes Requested Date (mm/dd/yyyy)

Have you submitted a retirement application? ☐ No ☐ Yes Retirement Date (mm/dd/yyyy)

Are you a member of a public retirement system in California other than CalPERS? ☐ No ☐ Yes

Name of System

Section 2

Documentation of Service

Indicate the amount of
additional service credit
you wish to purchase.

☐ I have attached a copy of the estimate to purchase service credit. If not, indicate why.

Based upon the attached service credit purchase estimate, I wish to purchase the following amount
of service credit:

[Check one box only.]

☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years

Section 3

Member Certification

Sign and date this request
form, make a copy for your
records, and attach the
copy of your online service
credit purchase estimate.

I hereby certify that the above information is true and correct.

Member Signature Date (mm/dd/yyyy)

Note: CalPERS will mail
you a separate election
document after we have
processed this form.

Mail to:

CalPERS Customer Account Services Division • P.O. Box 4000, Sacramento, California 95812-4000